

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER
00-17

2. STATE
Illinois

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)**

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.11 & Section 1902(a)(4) Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 - \$2,477,000

b. FFY 2002 - \$2,477,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A - pages 11,12 & 13

Attachment 3.1B - pages 11, 12 & 13

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (if Applicable):

Attachment 3.1A - pages 11,12 & 13

Attachment 3.1B - pages 11, 12 & 13

10. SUBJECT OF AMENDMENT: **Eyeglasses and other optical material**

11. ☐ GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☒ OTHER, AS SPECIFIED:

Not submitted for review by prior
approval.

12. SIGNATURE OF AGENCY OFFICIAL: *Ann Patla*

13. TYPED NAME: Ann Patla

14. TITLE: DIRECTOR

15. DATE SUBMITTED:

16. RETURN TO:

ILLINOIS DEPARTMENT OF PUBLIC AID
201 SOUTH GRAND AVENUE, EAST
SPRINGFIELD, IL. 62762
ATTENTION: Lynn Handy
Deputy DIRECTOR

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/28/00

18. DATE APPROVED: *3/26/01* *CHS*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL: *Cheryl A. Harris*

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

DEC 28 2000

DMIO - IL/IN/CH

Appendix to
Attachment 3.1-A
Page 11

State Illinois

12c. PROSTHETIC DEVICES

Prior approval for purchase, repair and replacement is required unless:

- the recipient is eligible for Medicare and the item is covered under the Medicare Program; or
- the cost of repairs does not exceed 75 percent of the purchase price; or
- the item is being loaned while the recipient's own item is being repaired or replaced; or
- items are replaced within 24 months of the purchase date and all of the following conditions are met:
 - the item is not under warranty;
 - the item was not faulty at the time of purchase;
 - the original purchase was made by the Department for the same recipient or for whom the replacement is needed;
 - the original item is either not repairable or the cost of repairs is more than or equal to the replacement; and
 - the replacement item is new and of equal value to the original item.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to EPSDT recipients.

12d. EYEGLASSES AND OTHER OPTICAL MATERIALS

10/00 Eyeglasses and other optical materials are ~~not~~ available to recipients of all ages, aged 21 and older except for initial eye wear dispensed following cataract surgery. with the following limitations: ~~The following limitations apply to eye care services and materials for recipients under the age of 21.~~

- Single vision lenses only when the following conditions are met:
 - The power is at least 0.75 diopters in either the sphere or cylinder component; or
 - The difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.

TN # 00-17
SUPERSEDES
TN # 95-15

APPROVAL DATE: MAR 23 2004 EFFECTIVE DATE: 10/01/00

Appendix to
Attachment 3.1-A
Page 12

State Illinois

- Bifocal lenses only when the following conditions are met:
 - For the first bifocals, the power of the bifocal addition is at least 1.00 diopter; or
 - For a change in bifocal lenses, the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least .75 diopters.
- More than one examination per year only when the vendor documents, in the participant's patient record, the need for the additional examination.
- More than one pair of eyeglasses per year only when the vendor documents that the additional pair is medically essential necessary and obtains prior approval from the Department: one of the following circumstances apply:
 - The eyeglasses being replaced were lost or stolen.
 - The eyeglasses being replaced were broken beyond repair.
 - For single vision lenses the difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.
 - For bifocal lenses the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least 0.75 diopters.

7/95 Eyeglasses and optical services will be provided to EPSDT recipients beyond and above limitations based on the determinations of medical necessity.

Eye care materials dispensed by a supplier other than a physician or optometrist, except for replacement and repair items, are covered only when they are prescribed by a licensed physician or optometrist.

The following items require prior approval. Approval shall be given when, in the judgment of a Department consulting physicianant, the requested item or service is appropriate:

- 11/00
- Contact lenses and related contact lens services.
 - ~~A second pair of eyeglasses in one year.~~ A third or subsequent pair of eyeglasses in one year for an adult 21 years of age or older.
 - Custom made artificial eye
 - Low vision devices
 - Any item or service not specifically included in the schedule of procedures for optical services and supplies.

Eye care services and materials which are not covered:

- Services which are not provided to address a recipient's particular visual problems or complaints.

TN # 00-17
SUPERSEDES
TN # 93-15

APPROVAL DATE: MAR 28 2001 EFFECTIVE DATE: 10/01/00

Appendix to
Attachment 3.1-A
Page 13

State Illinois

- Lenses and frames obtained from a source other than the DOC (Department of Corrections) laboratory, unless the specific type of eyeglasses or frames is not available from the DOC laboratory, and prior approval is obtained to secure the item from another source.
 - Trifocals.
 - Tinted lenses.
 - Provider's transportation cost.

All lenses and frames shall be obtained from the ~~Department of Corrections~~ (DOC) laboratory, unless the particular type of eyeglasses or frames is not available from the DOC laboratory. DOC shall not engage in "office" services, e.g., examinations or dispensing of eyeglasses to recipients, but shall be the State's primary laboratory for fabrication of eyeglasses. Individual optical suppliers shall continue to provide examinations, frame parts for eyeglasses and frames not available from the DOC laboratory, frame repairs, contact lenses, artificial eyes and low vision devices, as well as dispensing of eyeglasses obtained from the DOC laboratory.

13b. SCREENING

Mammography screening for occult breast cancer, when ordered by a physician is covered for women who are 35 years of age or older. Coverage limitations are: a) a baseline mammogram for women 35 through 39 years of age; b) a mammogram every one to two years for women 40 through 49 years of age; and c) a mammogram once per year for women 50 years of age or older.

13c. PREVENTIVE SERVICES

Preventive services are limited to EPSDT (Healthy Kids) recipients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided.

TN # 00-17
SUPERSEDES
TN # 95-15

APPROVAL DATE: MAR 28 2001

EFFECTIVE DATE: 10/01/00

Appendix to
Attachment 3.1-B
Page 11

State Illinois

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Prior approval for purchase, repair and replacement is required unless:

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 - the item is not under warranty;
 - the item was not faulty at the time of purchase;
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TN # 00-17
SUPERSEDES
TN # 95-15

APPROVAL DATE: EFFECTIVE DATE: 10/01/00

MAR 25 2001

Appendix to
Attachment 3.1-B
Page 12

State Illinois

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APPROVAL DATE: 10/01/00 EFFECTIVE DATE: 10/01/00

Appendix to
Attachment 3.1-B
Page 13

State Illinois

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SUPERSEDES
TN # 95-15

APPROVAL DATE: MAR 20 2001 EFFECTIVE DATE: 10/01/00